

# A parent's guide to childhood vaccination decisions

Many families have questions about vaccinating their children and want to fully understand the risks and benefits. Dr. Elizabeth Mumper has some advice to help with the decision-making process.



[FLCCC Alliance](#)

Jul 22, 2023

*Guest post by Dr. Elizabeth Mumper*



**Editor's note:** This post was updated on July 27 to clarify comments and questions from some readers.

The start of the school calendar is only a few weeks away. School vaccination requirements, and allowable exemptions, vary across states and local health departments. Some vaccines are required, some are recommended, and some are optional. These policies, in turn, leave many parents wondering what the best approach should be and where to turn with questions.

I'm a pediatrician in Virginia — where vaccines are required for public school attendance. My approach is to make sure parents are aware of the risks of vaccines as well as the risks of the diseases they aim to protect against. I discuss how office-based, real-world, clinical [research has shown](#) that unvaccinated children have better health outcomes than their vaccinated peers.

About a third of my patients choose not to vaccinate. Some make that decision based on sincerely held religious or philosophical beliefs. Others have had a child with an adverse vaccine reaction and opt out of vaccines for younger children. Some have done research about the shortcomings of vaccine trials. For a variety of reasons, however, many families I see do choose to vaccinate their children. One pragmatic factor is that, in Virginia, without receiving the required vaccines, children cannot attend school unless they have a religious or medical exemption. Many families are not in a position to homeschool or send their children to private schools.

For those parents, I suggest a modified vaccine schedule that spaces out the doses, eliminates some vaccines completely, and aims to reduce the child's exposure to toxic adjuvants in vaccines.

For example, I don't give the Hepatitis B vaccine at birth since the baby is not at risk unless the mother is Hepatitis B-positive. In my practice, babies who got the Hepatitis B vaccine from other providers show increased problems with irritability and difficulty establishing breastfeeding. I don't give the rotavirus vaccine routinely since in my patient population most rotavirus infections can be managed with oral rehydration therapy at home. I don't give the Gardasil vaccine or the COVID vaccine because my careful analysis of the data leads me to conclude that the risks outweigh any benefits. I delay the MMR vaccine until two years instead of giving it on schedule at one year. If the child has any undiagnosed gastrointestinal problems or developmental delays, then parents and I discuss delaying it further. I delay MMR until 3 years in children of African descent due to research that shows more risks of neurodevelopmental problems at younger ages. The MMR/autism question is perhaps the most contentious issue in vaccines. My decisions are based on careful and extensive study of the issue and clinical information derived from patients.

I do not combine MMR with the varicella vaccine (for chicken pox). I don't push varicella vaccines for my patients. If they are healthy, getting chicken pox naturally would give them lifelong immunity. However, most children in my area are vaccinated for varicella so it's harder for my patients to be exposed to a natural chicken pox infection.

I modify this schedule further based on the parents' input or if I am specifically worried about some aspect of the child's health or development. Sometimes parents choose to delay the timing of vaccines during early infancy, and we discuss the potential risks and benefits of doing so.

Back in 2005, we started [a research project](#) to track children who received my modified vaccine schedule compared to children who were vaccinated on schedule or unvaccinated. My clinical research showed that children who received fewer vaccines had lower rates of ear infections, developmental delays, and asthma than those who received more vaccines. In fact, analysis of

the number of vaccines received by quartile showed trends of increasing rates of ear infections, developmental problems, and asthma in the third and fourth quartiles (higher number of vaccines) compared to the first quartile (lowest number of vaccines). Vaccination before the first birthday was also associated with higher risks for ear infections, developmental delays, and asthma.

Previous research in my practice showed that the prevalence of autism in my patients followed from birth was 1 in 297 kids at a time when the overall prevalence was reported as about 1 in 50. The CDC's most recent statistics, based on a birth cohort from 2012, showed overall prevalence of autism in the United States is [about 1 in 36 kids](#). Shockingly, the prevalence in African American children is 1 in 10. The official explanation is that the increase is due to better recognition and overdiagnosis of autism. My analysis of the data over the past 25 years leads me to conclude that there must be environmental causes and that increasing numbers of vaccines are one environmental factor.

Parents are usually directed to the CDC website for information about vaccines. Over the years and based on my interactions with CDC officials, I have lost faith in the CDC's vaccine decisions. Parents who want other sources of information that I believe are well-sourced may wish to check out these resources (which are not endorsed by official government health organizations).

- [Vaccines 2.0: The Careful Parent's Guide to Making Safe Vaccination Choices for Your Family](#)
- [The Vaccine-Friendly Plan: Dr. Paul's Safe and Effective Approach to Immunity and Health-From Pregnancy Through Your Child's Teen Years](#)
- [The Vaccine Book: Making the Right Decision for Your Child](#)
- [The National Vaccine Information Center](#)
- [Children's Health Defense](#)

**NOTE: The opinions in the above article reflect the best medical judgment of one practicing pediatrician. I hold a minority opinion about vaccines compared to most pediatricians and physicians.**

**FLCCC believes in truly informed consent for medical procedures, medications, and vaccines, and in the sanctity of shared decision-making between patient and clinician.**

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## References:

Hooker, Brian S., and Neil Z. Miller. "Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections, and gastrointestinal disorders." *SAGE Open Medicine* 8 (2020): 2050312120925344.

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*A practicing pediatrician with several decades of experience, Dr. Liz Mumper is the originator of the [I-CARE: For Kids](#) protocol, which helps parents understand how to prevent their children from getting COVID-19 and what to do if they get sick. She also hosts [Kid's Corner](#), a video series that covers pediatric health issues in an approachable, no-nonsense way.*